

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/535239** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			7			
2			7			
3			7			
4			7			
5			7			
6			7			
7			7			
8			7			
9			7			
10			7			
11			7			
12			7			
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48						
49						
50						
TOTAL IND.			↓	2	↓	↓
TOTAL DEP.			←	28	←	←
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.				↓	↓	↓
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS			30			